

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 13 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000089571850


02/27/07--01012--013 **450.00

REINSTATEMENT

05-07

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida		Jan. 2, 2004	
5. FEI Number	20-0558810	Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD3000157269					
1. Corporation Name R.E.O. National Consulting, Inc.					
2. Principal Office Address 3305 Bishop Estates Rd Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32259			3. Mailing Office Address Same Suite, Apt. #, etc. City & State Country St. Johns		

7. Name and Address of Current Registered Agent	
Name	Lisa Verrino
Street Address (P.O. Box Number is Not Acceptable)	3305 Bishop Estates Rd.
Suite, Apt. #, Etc.	
City	Jacksonville
State	FL
Zip Code	32259

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	_____ Lisa Verrino
Date	1-10-07
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Lisa Verrino	3305 Bishop Estates Rd.	Jacksonville, FL 32259
VP	Robert Verrino	Same as above	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE:	Lisa Verrino - Lisa Verrino	1-10-07	904-230-4872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

2082

January 10, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

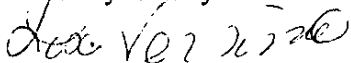
RE: Document Number – PO3000157269

Dear Gentlemen:

My accountant filed the appropriate documents necessary to incorporate R.E.O. National Consulting effective January 1, 2004. I was not aware of the requirement of the annual report; I assumed all necessary documents were being managed by my accountant. Furthermore, I never received any notice requirements which may have prompted me to inquire about the report requirement.

In light of the above, please be so kind to waive the Reinstatement Fee(s). I have enclosed a check in the amount of 308.75, which represents the annual Report Fee and the Corporate Supplemental Fee for 2005 and 2006, as well as a Certificate of Status. Please let me know if I have not calculated the amounts due appropriately.

Thank you for your assistance,



Lisa Verrino

R.E.O. National Consulting, Inc.
Phone 904-230-4872
Fax 904-230-4852